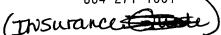
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#344 P.001/003



236902

2012-215-T

DATE (MM/DD/YYYY)

CORD

CERTIFICATE OF LIABILITY INSURANCE

5/24/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Tanya Raes PRODUCER NAME: PHONE (864) 271-8080 FAX (A/C, No): (864) 271-1001 The Stover Company E-MAIL ADDRESS: tanya@thestovercompany.com P.O. Box 17887 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A Zurich American Ins Co of IL 27855 29606 Greenville INSURER B: Great American Insurance Co INSURED Jack Adkins, DBA: Action Movers INSURER C: PO Box 929 INSURER D : INSURER E 29641 Easley CERTIFICATE NUMBER: Master 2011=2012 **REVISION NUMBER:** COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS TYPE OF INSURANCE POLICY NUMBER **GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED
PREMISES (Ea occurrence) \$ COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) CLAIMS-MADE OCCUR PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 750,000 BODILY INJURY (Per person) ANY AUTO A 8/4/2012 SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS TRK932917300 8/4/2011 BODILY INJURY (Per accident) \$ x PROPERTY DAMAGE \$ HIRED AUTOS (Per accident) EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 8/4/2011 8/4/2012 \$25,000 per vehicle В Cargo IMP3762130 RECEIVE DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Public Service Commission Clerk's Office P.O. Drawer 11649 Columbia, SC 29211

AUTHORIZED REPRESENTATIVE

Tanya Raes/TANYA

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Additional Named Insureds						
Other Named Insureds						
Action Movers	Doing Business As					
OFAPPINF (02/2007)	СОРУКІВНТ	2007, AMS SERVICES INC				

From: The Stover Company 864 271 1001 05/24/2012 12:02 #344 P.003/003

ADDITIONAL COVERAGES											
Ref #	Description Business A					Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium				
Ref#	Description	<u> </u>				Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium				
Ref #	Description					Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium				
Ref#	Description	1				Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium				
Ref#	Description	1				Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium				
Ref#	Description	n				Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium				
Ref #	Ref # Description Cov						Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium				
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium				
Ref#	Descriptio	n				Coverage Code	Form No.	Edition Date			
Limit 1		Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium				
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Limit 1	Limit 2 Limit 3 Deductible Amount Dedu		ctible Type	Premium							
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Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Dedu	ctible Type	Premium				
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